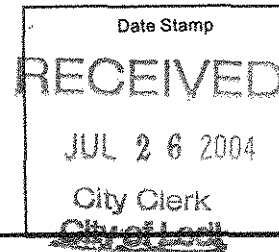


# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_



CALIFORNIA FORM 501

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

STEPHEN PAUL MACKAY

DAYTIME TELEPHONE NUMBER

(209) 712-4977

FAX NUMBER (optional)

( )

E-MAIL (optional)

STREET ADDRESS

629 SOUTH ORANGE AVENUE

CITY

LODI

STATE

CA

ZIP CODE

95240

OFFICE SOUGHT (POSITION TITLE)

CITY COUNCIL MEMBER

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

Lodi

(Name of Jurisdiction)

2004

(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_\_  
(Year of Election) Primary/general election

\_\_\_\_\_  
(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/26/04  
(month, day, year)

Signature

(Candidate)